

## REMARKS

Claims 54, 58, 59, and 67-72 were pending prior to the Office Action. In this response, claims 54, 58, 59, and 67-69 have been cancelled, claim 70 has been amended, and claims 73-80 have been added.

### *Information Disclosure Statement.*

The Office Action observed that copies of the documents cited on the information disclosure statement submitted on November 15, 2002 were not included. Although all of those references are believed to have been cited in one or more related applications, copies of the foreign patents and the non-patent publications are enclosed with this response. The applicant appreciates the Examiner's consent during a brief telephone conference on April 9, 2003 that copies of the U.S. patents cited need not be submitted. Nonetheless, the applicant will provide copies of those references as well upon request.

In the process of assembling the foreign and non-patent U.S. references, the Applicant was unable to locate the following references: Japan publication No. 62226278 to Matsuo Setsuo; Meissner et al., "Building an Integrated Clinical and Research Network;" and Roberts, "Diabetes and Stress: A Type A Connection." Because these references were not located, a substitute listing of references is submitted with this amendment and response, removing the omitted references from the listing.

### *Claim rejections under Section 102.*

Claims 54, 58, 59, 67, and 68 were rejected under Section 102 in view of a cited patent to Fu. Each of these claims has been cancelled in this amendment.

Claim 70 was likewise rejected in view of Fu. Without conceding the basis of the rejection, this claim has now been amended. In particular, the amendment provides in part, "wherein the stored programming instructions enable the patient data receiver to remotely receive from a central computer one or more queries to be answered by the patient via the remote monitor." It further provides that the remote monitor is configured "receive the one or more



25315  
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queries from the central computer.” Nothing in Fu teaches or suggests a system in which the central computer can upload to the remote monitor new sets of queries to be used. Accordingly, claim 70 should be in condition for allowance.

Claims 71 and 72. Should be allowable as depending from allowable base claim 70.

***Claim rejections under Section 103.***

Claim 69 was rejected under Section 103 in view of a combination of Fu and Fujimoto (U.S. Patent No. 5,339,821). The applicant notes that the office action accepted the applicant’s Rule 131 affidavit antedating the Fujimoto reference. While the affidavit should equally well to the current claims, an additional affidavit accompanies this response attesting that the new claims were also conceived prior to Fujimoto. Despite the new Rule 131 affidavit, claim 69 has been cancelled in favor of new claims submitted in this amendment and response.

***New Claims.***

Claims 73-80 are new in this amendment. The new Rule 131 affidavit is directly applicable to these new claims, and antedates the Fujimoto reference.

Claims 73-75 depend from previously-amended claim 70, and should all be allowable as depending from an allowable base claim. Moreover, Fu does not disclose the ability to communicate with a web server (as in new claim 73), graphically display health-related data (as in new claim 74), and does not include a speaker for audible communication with a user (as in new claim 75). Thus, new claims 73-75 should be allowable.

New claim 76 is also allowable over the cited art. Claim 76 provides, for example, a “communication link for receiving the subset of stored queries from the central computer system through the communication network.” Again, nothing in Fu teaches the ability to transmit queries remotely from the central computer system to the remote apparatus.

New claims 77 and 78 define additional novel features, and are believed to be allowable as depending from allowable claim 76.



25315  
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New claim 79 provides that the server comprises, “a software module for preparing at least a subset of the health-related information to be sent to the remotely programmable apparatus.” This aspect and other limitations of claim 79 are not believed to be taught by the prior art.

Finally, new claim 80 recites a system in which the remote monitor memory contains a health-related target value, and further wherein the remote apparatus is able to “receive a new target value and series of questions from said remote monitoring system.” This and other aspects of claim 80 are believed to define a novel and non-obvious system.

### CONCLUSION

Applicant requests reconsideration and allowance of all pending claims.

Respectfully submitted,

BLACK LOWE & GRAHAM<sup>PLLC</sup>



Lawrence D. Graham  
Registration No. 40,001  
Direct Dial: 206.381.3304



25315  
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